

# LEGISLATIVE BILL ORDER

Page \_\_\_\_ of \_\_\_\_

SIGNATURE \_\_\_\_\_

Purchaser

Phone #

Address

City \_\_\_\_\_

State ZIP

ACCOUNT NUMBER: \_\_\_\_\_

Driver's License #:

P.O. #:

DATE: \_\_\_\_\_

STATE AGENCY ☐ YES ☐ NO

**PLEASE NOTE: ALL BILLS MUST BE LISTED SEPARATELY IN NUMERICAL ORDER**

[illegible]

FOR OFFICE USE ONLY

\$

TOTAL QUANTITY

FOR OFFICE USE ONLY

\$

TOTAL QUANTITY

FOR OFFICE USE ONLY

\$

TOTAL QUANTITY

Box No. \_\_\_\_\_

☐ Mail☐ LBDS

PICKUP TIME \_\_\_\_\_

☐ Counter

☐ Annex Postage \_\_\_\_\_

Employee Initials \_\_\_\_\_

# NO REFUNDS